

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

58-024858

STATE FILE NUMBER

FILED AUG 12 1958		Registration District No. <u>55</u>		Primary Registration District No. <u>304</u>		Registrar's No. <u>61</u>	
1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CARROLL</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits TOWN <u>CARROLLTON</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN <u>DE WITT</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BALES HOSPITAL</u> Length of stay in lb <u>6 days</u>				d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARY GERT RUDE FISHER</u>				4. DATE OF DEATH Month Day Year <u>AUG 6 1958</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>SEPT. 20, 1878</u>	
9. AGE (In years last birthday) <u>79</u>		10. KIND OF BUSINESS OR INDUSTRY <u>HOUSE WIFE</u>		11. BIRTHPLACE (City and state or country) <u>INDIAN TERRITORY, NOW A PART OF OKLAHOMA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>TIMOTHY SANDERS</u>				14. MOTHER'S MAIDEN NAME <u>JOHANA FOLEY</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>Leona Fisher, St. Louis, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Failure,</u> <u>Uremia</u> Sigmoid colon gangrenous; diverticulosis DUE TO (b) <u>of sigmoid colon</u> Strangulated femoral hernia with gangrene DUE TO (c) <u>of sac and contents (colon)</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Arteriosclerosis; lipoma of left axiallar large; chronic bronchitis</u>							
INTERVAL BETWEEN ONSET OF ILLNESS <u>3 days</u> <u>4 days</u> <u>7 days</u> <u>8 days</u>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>5611</u>			
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year				20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. CITY, TOWN, OR LOCATION <u>Carrollton, Missouri</u>				20f. COUNTY <u>Missouri</u> STATE			
21. I attended the deceased from <u>August 1 1958</u> <u>August 6-58</u> and last saw her alive on <u>Aug 6 58</u> Death occurred at <u>3 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Eugene L Bales M D FIAP F AAGP</u> (Degree or title)				22b. ADDRESS <u>Carrollton, Missouri</u>		22c. DATE SIGNED <u>8 7 58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Aug. 9 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>EVERGREEN CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>DEWITT MISSOURI</u>	
24. FUNERAL DIRECTOR <u>Heisel Funeral Home Brunswick Mo</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>8-7-58</u>		26. REGISTRAR'S SIGNATURE <u>Mr. Herbert Calver</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service
1710
300
1-56
All
No symptoms will be listed. All
Coroner cannot certify to a death due to natural causes.
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SEP 15 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *William D. Koch*

Licensed Embalmer No. *47*

P. O. Address *Brunswick*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (To comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.